

Laura E. Blackson

Town

County

Died at

Pencil's Furnace

Cecil

MARYLAND

Date 19

02

Month

Day

Y.

M.

D.

Native of

Occupation

7 27

Age

39

-

-

-

-

-

-

-

-

-

-

-

-

-

-

-

-

-

-

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband

of

Wm Blackson

Wife

Fether's

Name

Eli S. Sentman

Mother's

Maiden Name

S. Sentman

Cause of

Primary

Consumption

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Geo. W. Fenn

Address

Pencil's

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



10/24

Name in Full **Alvie R. Bubbs**

Died at **Oct 21** Town **Oct 21** County **6th Dist.** **MARYLAND**

Date 19**02** Month **7** Day **24** Age **6** Y. M. D. Native of **Persimmon** Occupation **—**

Male ☒ Female ☐ White ☒ Colored ☐ Married ☐ Single ☐ Widow ☐ Widower ☐ Divorced ☐ Number of children living **None**

Husband of **—** Wife **105**

Father's Name **Joe P. Bubbs** Mother's Maiden Name **Grace Bubbs**

Cause of Death { Primary **Cholera Infantum** Immediate **Brain Exhaustion** How long sick **4 days** Accident, Suicide, Homicide ☐

Reported by **Geo. S. Darr**

Address **Rising Sun Md**

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Francis Burns

Town

County

MARYLAND

Died at

Sillsville

Cecil

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

7

22

Age

25 M 2.

skilled laborer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

unknown

~~Widower~~

Number of children living

Husband

of

Wife

unknown -

Father's

Mother's

Name

unknown

Maiden Name

unknown

Cause of

Primary

Communicated Fracture of skull

How long sick

instantaneous

Death

Immediate

Shock, loss of Brain tissue, hemorrhage

Accident, ~~suicide~~, Homicide

Reported by

W. J. Burns -

Address

Sillsville

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Hanna Cather.

Town

County

6th Dist.

Died at

Principio.

Cecil.

MARYLAND

Date

1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

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D.

Native of

Occupation

Date

Month

Day

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M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

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Native of

Occupation

Date

Month

Day

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Native of

Occupation

Date

Month

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Native of

Occupation

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Native of

Occupation

Date

Month

Day

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M.

D.

Native of

Occupation

Date

Month

Day

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Native of

Occupation

Date

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Native of

Occupation

Date

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Native of

Occupation

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Native of

Occupation

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Native of

Occupation

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Native of

Occupation

Date

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Native of

Occupation

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Native of

Occupation

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Native of

Occupation

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Native of

Occupation

Date

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Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

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D.

Native of

Occupation

Date

Month

Day

Y.

M.

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Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

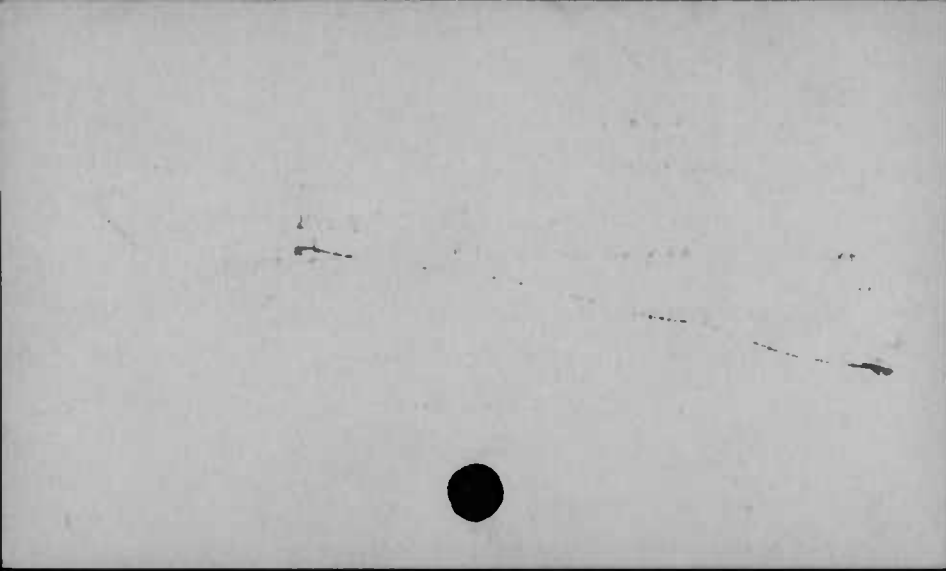
Occupation

Date

Month

Day

Y.



Name In Full

Certificate of Death

Sarah Connor 5-11-18-

Town Bay View

County Calvert

MARYLAND

Died at

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

7 28

Age 36 1

Maryland

—

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

5-

Husband of

Wife

Geo Connor

Father's

Name

John West

Mother's

Maiden Name

Mary West
Sarah Jane West

Cause of

Primary

How long sick

—

Death

Immediate

Accident, Suicide, Homicide

Reported by

J. H. West

166

Address

Bay View

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70899

This woman was killed
by accident. Her horses
ran away with a binder
while cutting oats.

Name in Full

Certificate of Death

Caroline F. Crothers

1174

Died at Greenhurst

Town

County

Lucie

9th Dist

MARYLAND

Date 1902 July 9th

Age

Y.

M.

D.

Native of

Occupation

83

Ma

Housewife

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widow~~

Number of children living

7

~~Husband~~ of ~~Caroline McElroy~~

Wife

Father's Name Lewis Crothers

Mother's

Maiden Name

McElroy

Cause of Death { Primary Old age

Death { Immediate Exhaustion

How long sick

40 yrs

~~Accident, Suicide, Homicide~~

Reported by Dr. J. J. Ford

Address 3100 Md

154

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Funeral 7.12.02

Interment Ebenezer Cemetery

Name
in
Full

Nora Marie Evans

CERTIFICATE OF DEATH

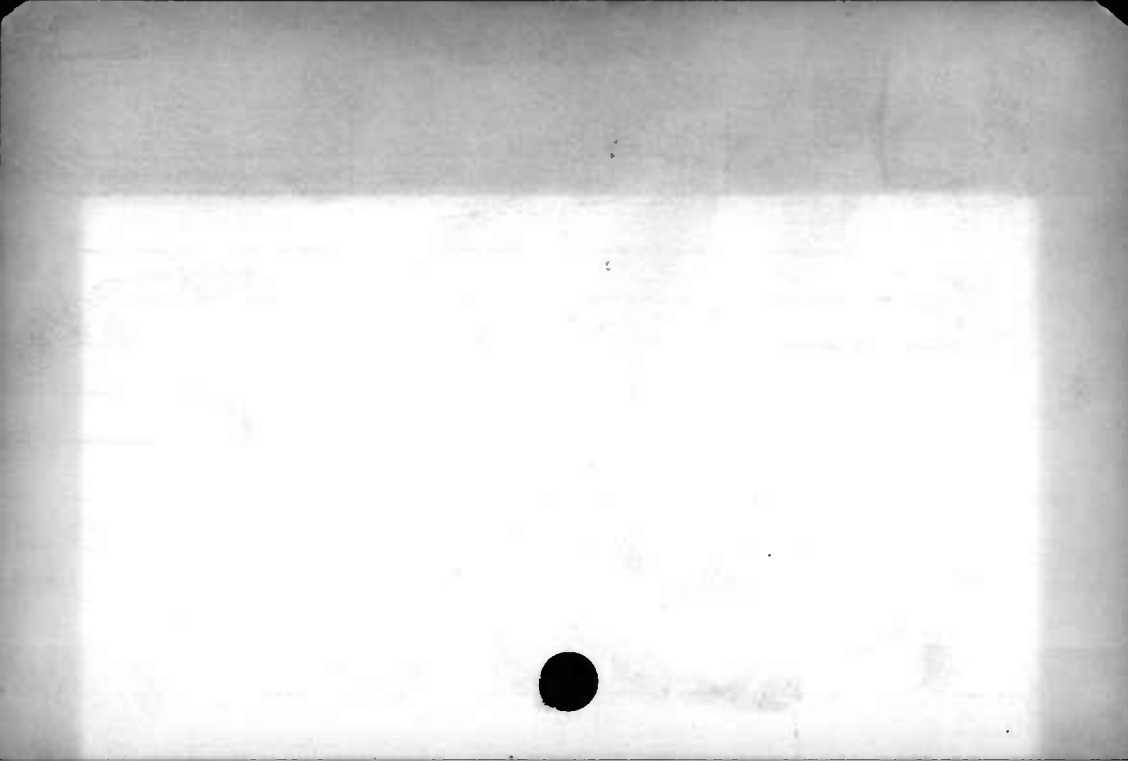
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Elkton</u> ^{Town}		<u>Cecil</u> ^{County}		MARYLAND	
Date of death 1902	Month <u>July</u>	Day <u>20</u>	Age <u>Years</u>	Months <u>9</u>	Days <u>11</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Elkton</u>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <u>B E Evans</u>			Father's Birthplace <u>105</u>		
Mother's Maiden Name <u>Rosa A Moon</u>			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Cholera Infantum &</u>	How long	<u>3 days</u>
Immediate	<u>Colic</u>	How long	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician	<u>J. W. Cooper</u>
		Address	<u>Elkton, Md</u>
Accident or Suicide?			



Name In Full *Emma May Ewing*
 Town *Blake* County *Carroll* (4th) MARYLAND
 Died at *Carroll* (4th) MARYLAND
 Date 1902 *7* Month *1* Day *20* Y. *22* M. *22* D. *Ind* Native of *Ind* Occupation *Ind*
 Male *White* Age *20* Married *Widow* Divorced *Ind*
 Female *Colored* Single *Widower* Number of children living *Ind*
 Husband of *Ind*
 Wife *Ind*
 Father's Name *William Ewing* Mother's Maiden Name *Mary Holland*
 Cause of Death { Primary *Typhoid fever* Immediate *Heart failure* How long sick *2 weeks*
 Accident, Suicide, Homicide *Ind*
 Reported by *D. L. Ewing*
 Address *2 Quinn Ind*
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name In Full *Arthur Goodyear*
 Died at *3rd* ^{Town} *Prich* ^{County} *Beale* MARYLAND

Date 19 *02* *July* *18* *22*
 Month Day Y. M. D. Native of *Elkton* Occupation *Laborer*
 Male White Married Widowed Divorced
 Female Colored Single Widower Number of children living—

Husband of *171*
 Wife *1*
 Father's Name *Lusa Goodyear Sr* Mother's Maiden Name *Elizabeth Woodside Goodyear*
 Cause of Death { Primary *Lightning Stroke* How long sick
 Immediate Accident, Suicide, Homicide

Reported by *Rickens Nelson Coroner*

Address *Elkins Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Harriet A. Gregg -

Died at *Principio - Cecil* MARYLAND

Date 1902- *7-20* | Age *53* | *Y.* *M.* *D.* | Native of *Md.* | Occupation *Agent*

~~Male~~ *White* ~~Married~~ *Widow* ~~Divorced~~
 Female ~~Colored~~ *Single* *Widower* Number of children living *3*

Husband of *John A. Gregg -* *Wm J Gibson* ✓3
 Wife of *Ellen Gibson*
 Father's Name *Wm J Gibson* Maiden Name *Ellen Gibson*

Cause of *Primary carcinoma - breast* *How long sick* *2 yrs*
 Death *Immediate* *Progressive Cardiac Asthenia* *Accident, Suicide, Homicide*

Reported by *L. G. Taylor, M. D.*

Address *Perryville, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

4 Dist

John S. Henderson

Died at Near Cherry Hill Cecil

MARYLAND

Date 1902	Month July	Day 4	Age 83	Y.	M.	D.	Native of Md	Occupation Farmer
Male	White	Married	Widow			Divorced		
Female	Colored	Single	Widower			Number of children living 4		

Husband of Jane Scott

Father's Name John Henderson	Mother's Maiden Name Benson
------------------------------	-----------------------------

Cause of Death	Primary Paralysis	How long sick 5 days
	Immediate Exhaustion	Accident, Suicide, Homicide

Reported by J. S. Whitaker

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

5-3



David H. Hoffman

Town

County

Died at near Elkton

Cecil

MARYLAND

Month Day

Y. M. D.

Native of

Occupation

Date 19 02 July 11

Age 45?

Penna

Telegraph Lineman

Male

White

~~Married~~

Widow

Divorced

~~Female~~~~Colored~~

Single

WidowerNumber of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Don't know

Don't know

Cause of

Primary

166.

How long sick

Death

Immediate

Accidental killing by car

Accident, ~~Suicide~~, Homicide

Reported by

Rickerts Nelson, Coroner

Address

Elkton, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full *Jennie Hoffman*
 Town *Perryville* County *Cecil*
 Died at *MARYLAND*
 Date 19*02* Month *7* Day *2* Age *11* Y. *-* M. *-* D. *-* Native of *Maryland* Occupation *-*
~~Male~~ *White* ~~Married~~ *Widow* ~~Divorced~~
Female ~~Colored~~ *Single* ~~Widower~~ Number of children living *-*
 Husband of *-* *50*
 Wife *-*
 Father's Name *A Hoffman* Mother's Maiden Name *Lottie Wilson*
 Cause of Death { Primary *Diabetes Mellitus* How long sick *-*
 Immediate *Heart failure* Accident, Suicide, Homicide *-*
 Reported by *Geo. W. Henry*
 Address *Perryville Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full *Maggie Ivory*
 Died at *Cecilton* Town *Cecilton* County *Cecilton* MARYLAND
 Date 1902 July 17 Month Day M. *Ind* Native of *Ind* Occupation *Cook*
 Age 38
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

Husband or *Charley Ivory*
 Wife *Thomas Hall* Mother's *Maggie Hall*
 Name *Thomas Hall* Maiden Name *Maggie Hall*
 Cause of { Primary *Brain Fever* How long sick *6 months*
 Death { Immediate Accident, Suicide, Homicide

Reported by *Thomas Hall*
 Address *Cecilton Ind* *Wm A. Harris*
 Minister

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



11

David Jackson

Town

County

MARYLAND

Died at

Piney Fork

Cecil

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

7

28

Age

4

Maryland

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

David Jackson

Mother's

Maiden Name

Lula Gilbert

Cause of

Primary

Death

Immediate

How long sick

3 days

Accident, Suicide, Homicide

Reported by

W C Jackson Undertaker

Address

Blytheville Ark

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Violet C. Johnson

Town

County

Died at

MARYLAND

Date 19

02

Month

Day

7 28

Y.

M.

D.

Native of

Occupation

Age

1, 3, 22

Cecil Co.

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Cholera Infantum

How long sick

Two days

Death

Immediate

Convulsions

Accident, Suicide, Homicide

Reported by

Address

J. A. Peoples, M.D.
Kirk's Mills, Lan. Co., Pa.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Isaac Tane

Near ^{Town} Earlville

County

Cecil

MARYLAND

Died at Earlville

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

7-21

Age

78

x

md

Laborer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Old age.

154

How long sick

3 weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

Jno H Black Sub Registrar

Address

Cecilton

md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Joseph M^cKenmar 9 dist

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Name of

Occupation

July 22

Age 1 10 20 Cecil

Male

White

~~Married~~

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

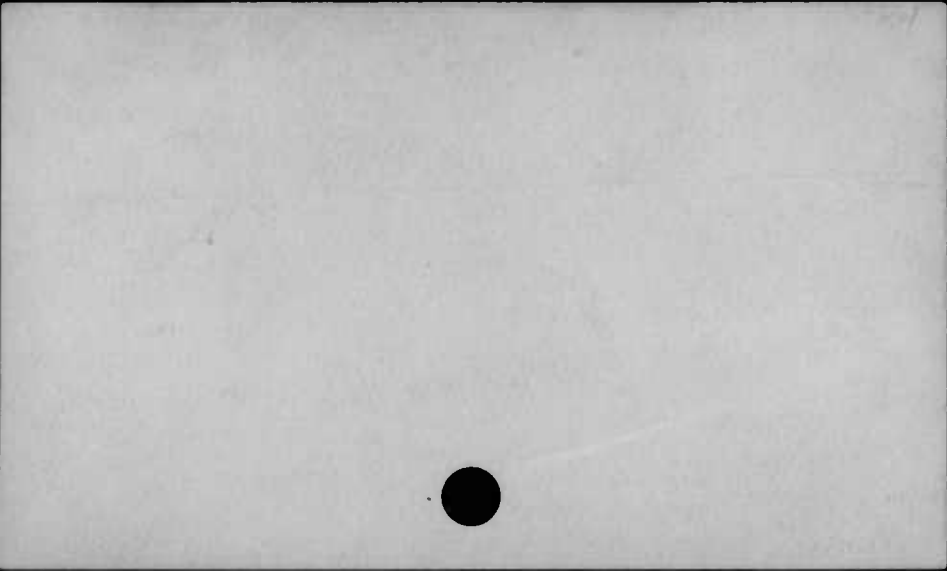
~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79868



Name in Full

Certificata of Death

Unnamed Moore

Died at ^{Town} Ches: City ^{County} Cecil MARYLAND

Date 19 ^{Month} July ^{Day} 11 ^{Y.} ^{M.} ^{D.} ^{Native of} ^{Occupation}
 Age 3 days ^{Male} ^{Female} ^{Married} ^{Widow} ^{Divorced} ^{Widower} ^{Number of children living}

Husband of
Wife

Father's Name Mo. Moore Jr Mother's Maiden Name Mollie Booth

Cause of Death { Primary Infantile Convulsions Immediate } How long sick Accident, Suicida, Homicida

Reported by Dr J O Mallock

Address Ches: City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Joseph Mailer

Town

County

Died at

MARYLAND

Date 19 02 7 18 Age 7 see
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

doctes manne ~~ma~~
unpau
loisat adlon
del

Name In Full

Certificate of Death

Died at

H. Eust

Town

County

Elydon - Puschoell; Dist

MARYLAND

Date 1902

Month Day

July 15 -

Y. M. D.

Age 57

Native of

Germany

Occupation

Hammock

~~Male~~
Female~~White~~
Colored~~Married~~
Single~~Widow~~
Widower~~Divorced~~
Number of children living

5

~~Husband~~
of

Wife

Charles Puschoell

Father's
Name

Charles Puschoell

Mother's

Maiden Name

E. Hombeck

Cause of

Primary

Cancer

Death

Immediate

How long sick

2 years

~~Accident, Suicide, Homicide~~

Reported by

B. Puschoell

Address

H. Eust

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899



Eli S Sentman

Town

County

MARYLAND

Died at

Principis Furnace

Cecil

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

7

18

Age

69

-

-

Maryland

Carpenter

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

7

Husband

of

Eligabette Sentman

~~Wife~~

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Heart disease

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Geo. M. Stearns

Address

Perryville

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Trendella May Smith (colored)

Died at

MARYLAND

Date *1902* Month *July* Day *14th* Y. *7* M. *weeks* D. *0* Native of *Cris Co.* Occupation *—*
Male *White* *Married* *Widow* *Divorced*
Female *Colored* *Singla* *Widower* Number of children living *—*

Husband
of
Wife

Father's
Name

Mother's
Name

Cause of Death { Primary *Cholera - Infantum* Immediate *(Exhaustion)* How long sick *2 weeks*
 Accidents, Suicide, Homicide *—*

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



John M. Tenell

Died at ^{Town} Elkm ^{County} Cecil MARYLAND

Date 1902 July 30 Age 61- Y. M. D. Native of Cecil Co Occupation Real Estate & Auctioneer.
 Male White Married Widow Divorced
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 8

Husband of Eliza J. Ward
 Wife
 Father's Name Joseph S. Tenell Mother's Name Lydia McCauley
 Maiden Name

Cause of Death { Primary Unknown 108 How long sick 1 year
 Immediate Obstruction of Bowels - Accident, Suicide, Homicide
 Antheros Liver - Post mortem

Reported by Dr W. S. Cawley, Elkm Md
 Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

William Thompson

Town

County

6th Dist. 175
Cecil MARYLAND

Died at Farmington

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 02

7 22

Age 67

Md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Funeral - Thursday

Interment - Ebenezer

Name In Full

Certificate of Death

Caleb Veary

MARYLAND

Died at

H. En

County

Cecil

Date 1902

Month Day

July 22

Age

Y. M. D.

82 4 12

Native of

Cecil

Occupation

Farmer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

1

Husband of

Wife

Harris Veary

Father's

Mother's

Name

Maiden Name

Cause of

Primary

General Debility

How long sick

1 year

Death

Immediate

Accident, Suicide, Homicide

Reported by

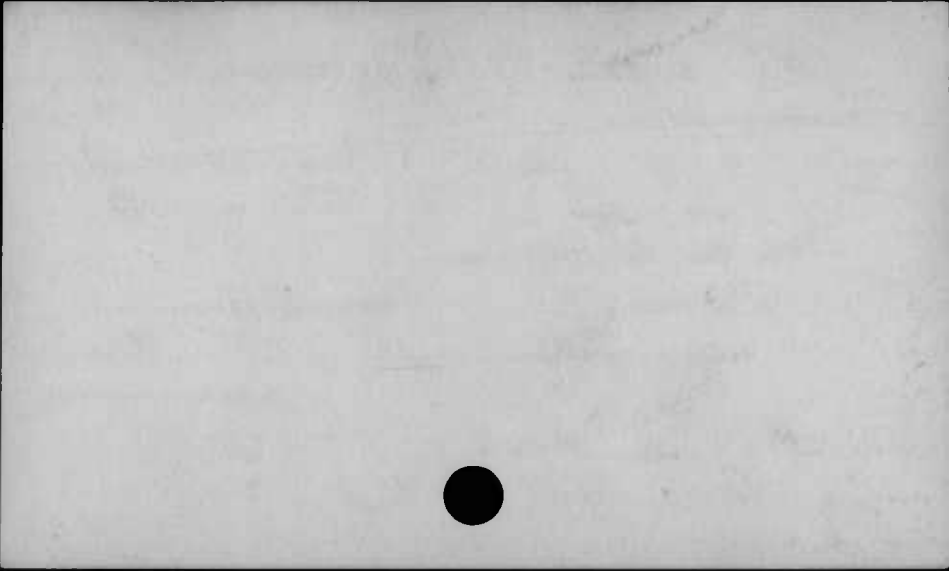
B. H. H. H. H. H.

Address

H. En

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75898



Name In Full

Certificate of Death

M Carrie Williams

Town

County

Died at

Fredricktown

Cecil

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

7, 28

Age 39, 10

Md

Housewife

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

3

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Henry Williams

Town

County

Died at New Cecilton

Cecil

MARYLAND

Date 1907 7. 18 Age 65 Y. M. D. Native of D.C. Occupation Laborer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored Single Widower Number of children living 6

Husband of Mary Williams

Wife

Father's Name Mother's Name

Maiden Name

Cause of Death { Primary Bright's Disease

How long sick 10 weeks

Death { Immediate

Accident, Suicide, Homicide

Reported by R. M. Black

Address Cecilton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Town

County

MARYLAND

Died at

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

6

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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